

SUBSTANTIAL PROVIDER NETWORK REPORTING & SUBMISSION

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Medicaid Care Management Commission

Background



- In December, DHHS instructed the MCOs that go live would be scheduled once DHHS verified two MCOs as having ‘substantial network development (SND).’
- SND means a network sufficiently developed to ensure the access requirements of the contract are satisfied for 80% of the potential members by county.

SND – WHO?

- For this purpose, DHHS assumes that 100% of mandatory members and 50% of voluntary members will be in Step 1.
- Each MCO must demonstrate network coverage of 50% of these potential members per county.
- MCOs shall use a file provided by DHHS containing a member count by zip code of 50% of the potential mandatory members and 25% of the voluntary members.

SND – WHAT?

	Statewide
PCPs	Two (2) within forty (40) minutes or fifteen (15) miles
Specialists	One (1) within sixty (60) minutes or forty-five (45) miles
Hospitals	One (1) within sixty (60) minutes or forty-five (45) miles
Mental Health Providers	One (1) within forty-five (45) minutes or twenty-five (25) miles
Pharmacies	One (1) within forty-five (45) minutes or fifteen (15) miles
Tertiary or Specialized services (Trauma, Neonatal, etc.)	One within one hundred twenty (120) minutes or eighty (80) miles

Snapshot is based on NHID rules Ins 2701.

Community Mental Health Programs (CMH Programs)



- Contract relies upon NHID regulatory standards which don't specifically require CMH Programs access points.
- Based on the time and distance requirements that are in the rule, there exists an ambiguity as to whether community mental health programs fall under 'mental health' or 'specialist.'
- DHHS defines CMH Programs as **specialists**.

Substantial Network Adequacy



IS

- A point in time illustration of the contracted providers
- An illustration of infrastructure

IS NOT

- A proxy for access
- Does not measure disruption
- Not a proxy for readiness to meet the needs of members

SND Verification Process



- Each MCO shall complete a standardized template for documenting its SND.
- DHHS will compare each MCO to contract standards for time and distance requirements.

SND Capacity Assessment Process



- DHHS has the responsibility to assess capacity and anticipated disruption before go live.
- DHHS will compare each MCO network to the current FFS utilization patterns.
- MCOs will be provided a DHHS Reference Guide which depicts current FFS utilization patterns.
- The DHHS Reference Guide will assist in identifying potential capacity / disruption concerns to be discussed with the MCO.

SND Capacity Assessment Process – Cont'd



- Network Reference Guide will consist of:
 - Primary Care
 - Community Mental Health Centers
 - Psychology
 - Ob-Gyn and other delivery providers
 - Hospitals by Service Categories

Next Steps



- ❑ Discontinue current process of weekly MCO provider network reporting structure.
- ❑ Follow up with questions raised by MCOs following the launch of these materials.
- ❑ Continue provider network discussions on weekly MCO:DHHS calls.